

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Florence Edna Clark</i>		Town <i>Ridgely</i>		County <i>Caroline</i>		MARYLAND	
Died at <i>Ridgely</i>		Month <i>June</i>		Day <i>6</i>		Age <i>1</i> Years <i>3</i> Months <i>23</i> Days	
Date of death <i>1907</i>		Sex <i>Female</i>		Color or Race <i>Colored</i>		Birthplace <i>Ind</i>	
Occupation <i>Infant</i>		Where Residing if not at place of death <i>Gyr</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Single</i>					
Father's Name <i>David Clark</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Mary Smith</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Father</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Whooping Cough</i> (8)	How long <i>3 weeks</i>
Immediate <i>Pneumonia</i>	How long <i>One week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Gyr</i>	Signature of Physician <i>H. H. Richards</i>
	Address <i>Ridgely, Ind.</i>
Accident or Suicide? <i>—</i>	

Jamilton

Name  
in  
Full

Eric ~~Anna~~ Collins

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died <del>Mar</del> <sup>Town</sup> <i>Concord</i> <sup>County</sup> <i>Cardin</i>		MARYLAND	
Date of death	1907	Month	June
	Day	29	Age
	Years	62	Months
		Days	
Sex	Female	Color or Race	White
Occupation	Housewife	Birth-place	Md.
Where Residing if not at place of death			
Mother, Single or Widowed	Name of Wife or Husband		
Father's Name	Josiah Collins		
Mother's Maiden Name	Polly Collins		
Name of person giving Information	Harry Collins		
Father's Birthplace	Md.		
Mother's Birthplace	Md.		
How related to deceased	Nephew		

CAUSES OF DEATH

20

PHYSICIAN  
OR CORONER

Primary	Chronic blood poison	How long	Indefinite
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Jas H Ward	
Address		Andersonstown	
Accident or Suicide?		No	

① Edwin Durrey -

Harvey. Sister & Mary Mowbray & Mrs Poole

② John ~~Somers~~ <sup>wife</sup> & 2 Boys Small Carriage

③ Mr Culver & Wife & Children

④ Mrs Frank Mc Mahan & Son.

Name  
In  
Full

Mary E. Connelly

CERTIFICATE OF DEATH

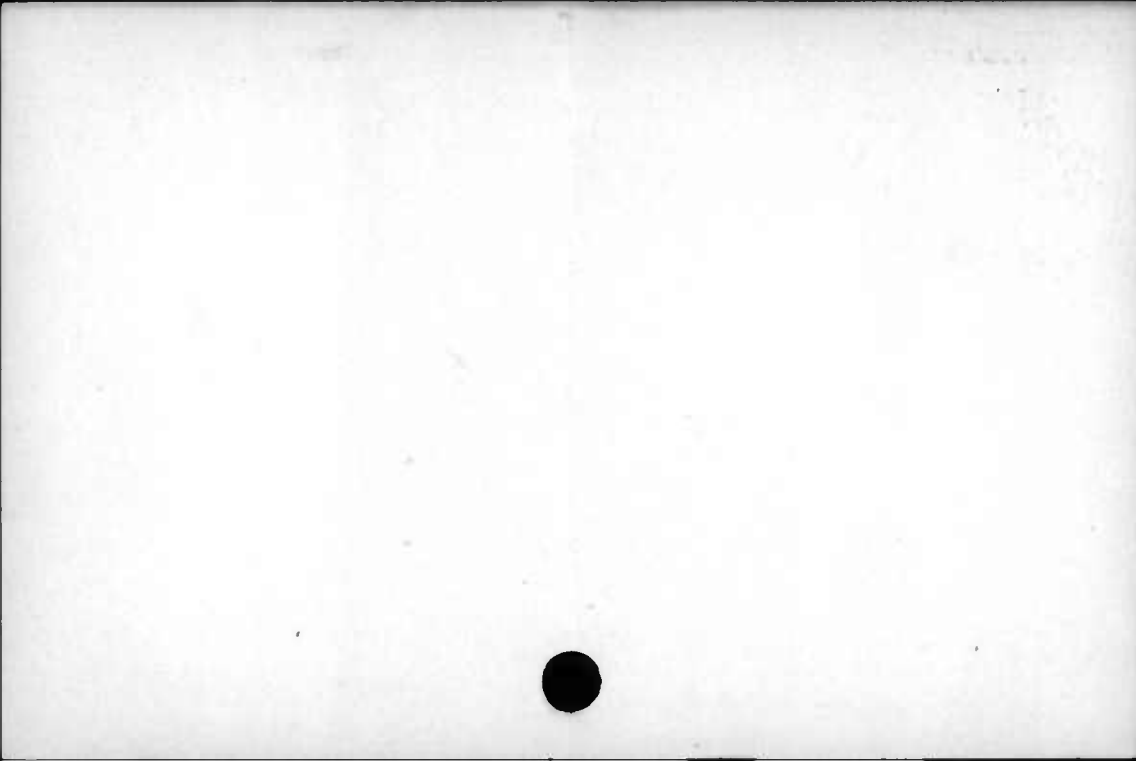
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Federalburg</i>		County <i>Caroline</i>		MARYLAND	
Date of death	1907	Month	June	Day	15
Age		76		Months	
Sex	Female		Color or Race	White	
Occupation	Housewife		Birth-place	Md	
Where Residing if not at place of death					
Married, Single or Widowed	Widow		Name of Wife or Husband	Zachariah Connelly	
Father's Name	unknown		Father's Birthplace	Md	
Mother's Maiden Name	unknown		Mother's Birthplace	Md	
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Heart disease</i>		How long	<i>sudden</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician <i>R. Kemp Jefferson</i>	
			Address <i>Federalburg Md</i>	
Accident or Suicide?				



Name  
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## CERTIFICATE OF DEATH

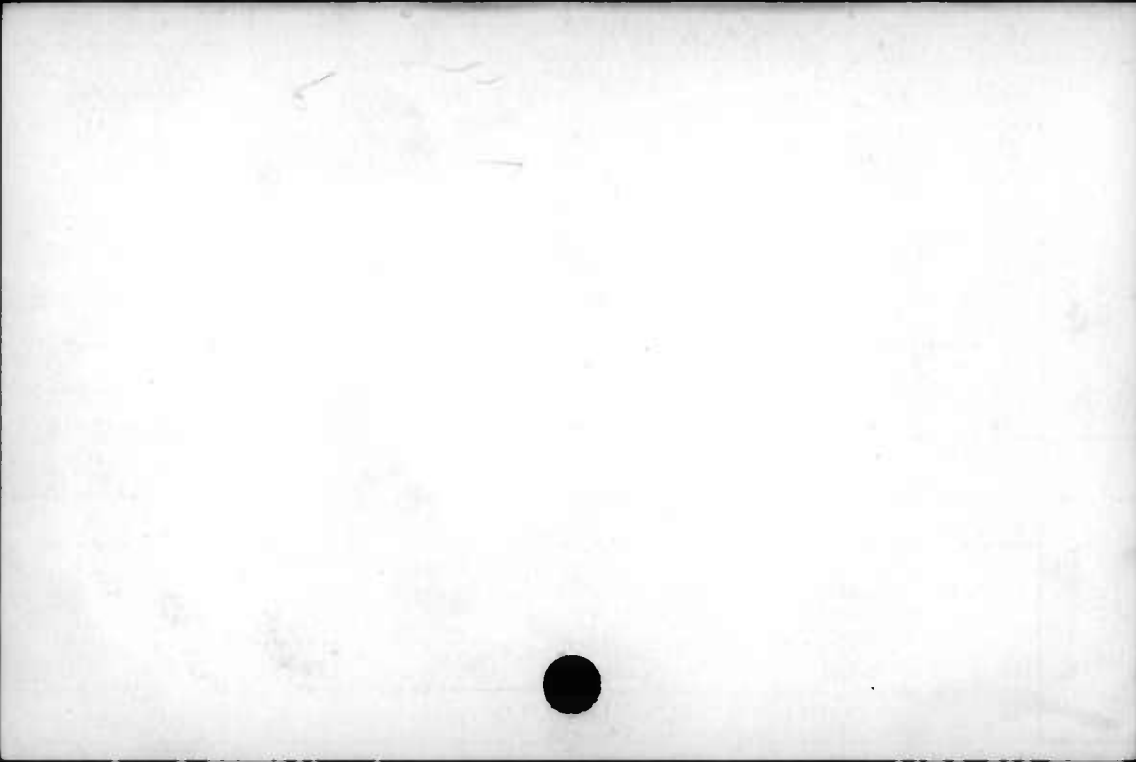
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Annie Wilson Dragoo</i>		Town <i>Ridgely</i>		County <i>Caroline</i>		MARYLAND	
Died at <i>Ridgely</i>		Month <i>6</i>		Day <i>15</i>		Years <i>29</i>	
Date of death <i>1907</i>		Month <i>6</i>		Day <i>15</i>		Years <i>29</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>N.Y. State</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Morris A Dragoo</i>					
Father's Name <i>Jas A Wilson</i>		Father's Birthplace <i>New York</i>					
Mother's Maiden Name <i>Lobetta Hobbs</i>		Mother's Birthplace <i>England</i>					
Name of person giving information <i>E. E. Dragoo</i>		How related to deceased <i>Brother in Law</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>3 years</i>
Immediate <i>Tuberculosis</i>	How long <i>3 years</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. W. Fedsborough</i>
	Address <i>Pearson, Md.</i>
Accident or Suicide?	





Name

in  
Full

James Fleetwood

CERTIFICATE OF DEATH

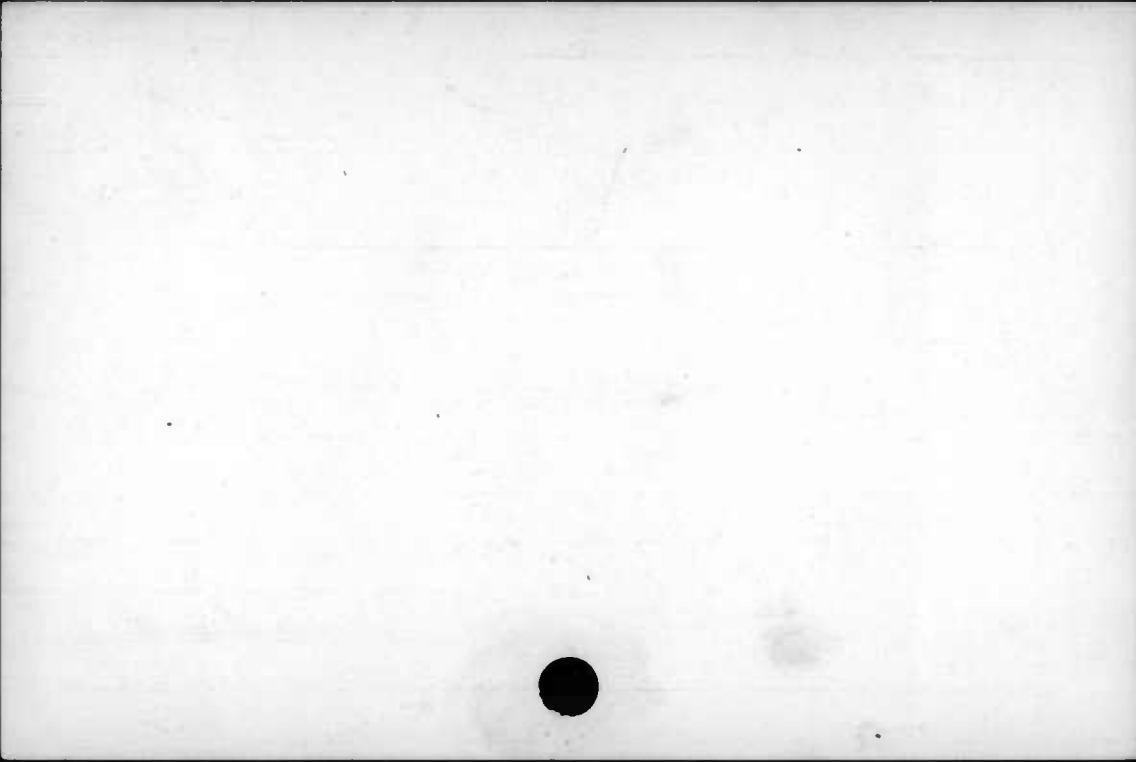
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Near Hobbs</b>		Town <b>Caroline</b>		County		MARYLAND	
Date of death <b>1907</b>	Month <b>June</b>	Day <b>23,</b>	Years <b>Age About 70</b>	Months <b>--</b>	Days <b>--</b>		
Sex <b>Male</b>		Color or Race <b>White</b>		Birth-place <b>Delaware</b>			
Occupation <b>Laborer</b>			Where Residing if not at place of death				
Married, Single or <b>Widowed</b>		Name of Wife or Husband					
Father's Name <b>Unknown</b>		Father's Birthplace <b>Unknown</b>					
Mother's Maiden Name <b>Unknown</b>		Mother's Birthplace <b>Unknown</b>					
Name of person giving information <b>Lucy Fleetwood</b>		How related to deceased <b>Daughter</b>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>General Debility</b>	How long <b>Two Years</b>
Immediate <b>Valvular Heart Disesease</b>	How long <b>Three or four months</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>Thev. Sautsberry</b>
	Address <b>Quiversville</b>
Accident or Suicide?	<b>Maryland</b>



Name  
in  
Full

Russel Grose

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <u>Ridgely</u> <sup>Town</sup>		<u>Caroline</u> <sup>County</sup>			
Date of death <u>1907</u>	<u>June</u> <sup>Month</sup>	<u>17</u> <sup>Day</sup>	Age <u>10</u> <sup>Years</sup>	<u>10</u> <sup>Months</sup>	<u>3</u> <sup>Days</sup>
Sex <u>Male</u>	Color or Race <u>Blk.</u>		Birth-place <u>Ridgely Md.</u>		
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed _____			Name of Wife or Husband _____		
Father's Name <u>Steve Grose</u>			Father's Birthplace <u>Md.</u>		
Mother's Maiden Name <u>Gertrude Nichol</u>			Mother's Birthplace <u>Md.</u>		
Name of person giving information <u>Steve Grose</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

(105)

PHYSICIAN  
OR CORONER

Primary	<u>Cholera Infantum</u>	How long	<u>5 days</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>J. C. Madara</u>	
		Address <u>Ridgely</u>	
		<u>Caroline Co., Md.</u>	
Accident or Suicide? <u>no</u>			



Name  
in  
Full

Albert Hoxley

## CERTIFICATE OF DEATH

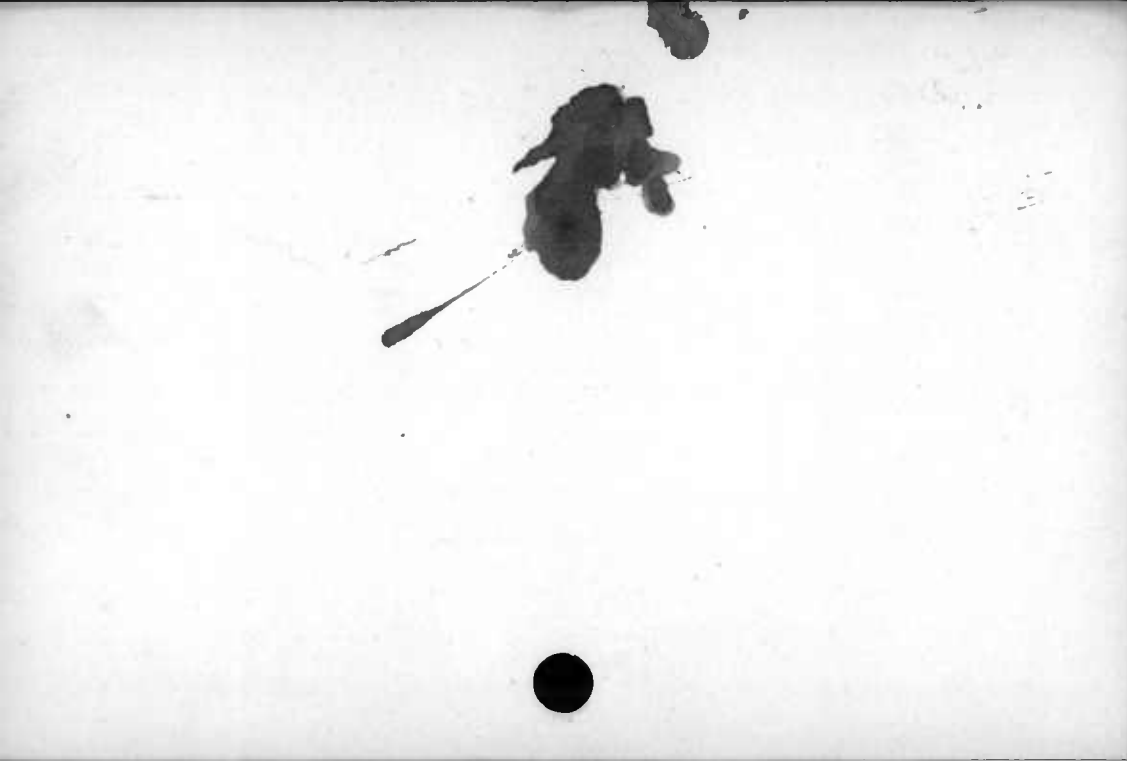
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Goldston</i> Town		<i>Garoline</i> County		MARYLAND	
Date of death	1907	Month	6	Day	29
Age		Years		Months	6
Sex	male		Color or Race	Black	
Occupation			Birth-place	Md	
Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband <i>Hannah Ross</i>			
Father's Name		<i>Roy Hoxley</i>		Father's Birthplace <i>Delaware</i>	
Mother's Maiden Name		<i>Hannah Ross</i>		Mother's Birthplace <i>Md</i>	
Name of person giving information		<i>Roy Hoxley</i>		How related to deceased <i>Father</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Whooping Cough</i>	How long	<i>3 weeks</i>
Immediate	<i>Pneumonia &amp; Convulsions</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Geo. H. Betton M.D.</i>	
		Address	
		<i>Garretts Maryland</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

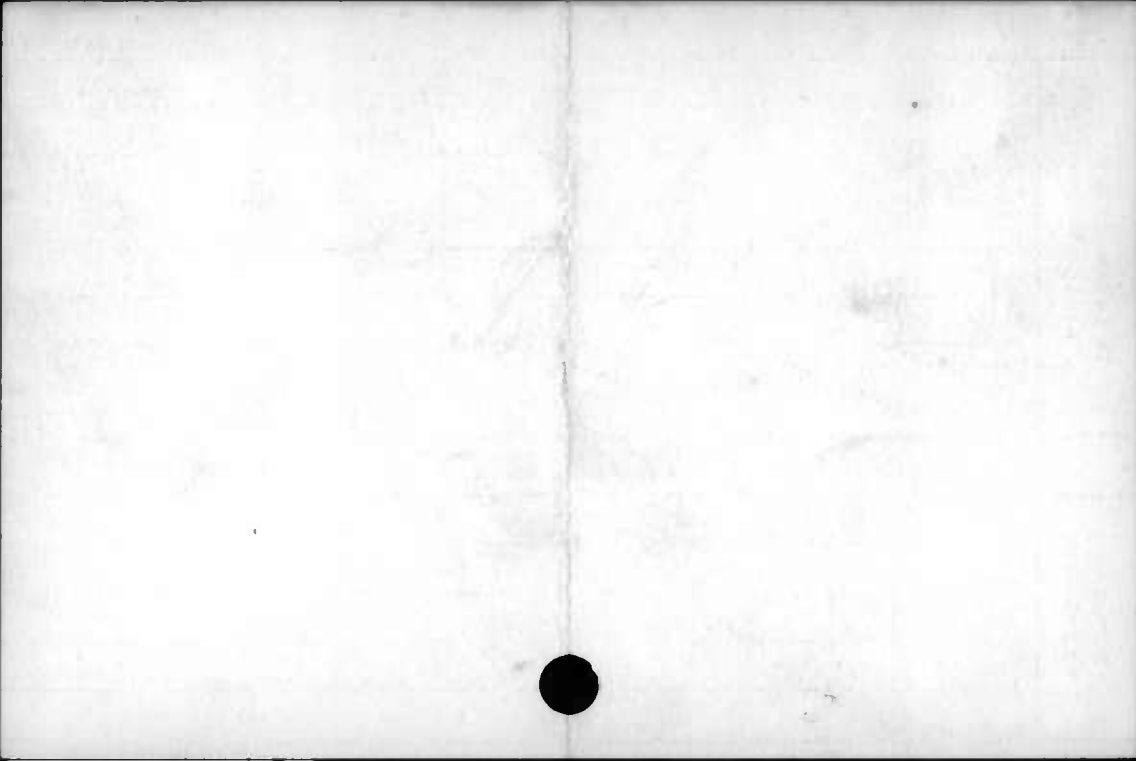
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Frederick H. Hurst</i>		Town <i>Preston</i>		County <i>Caroline</i>		State <i>MARYLAND</i>	
Died at <i>Preston</i>		Month <i>June</i>		Day <i>8</i>		Years <i>22</i>	
Date of death <i>1907</i>		Months <i>10</i>		Days <i>15</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>at home</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Rebecca Wiley</i>					
Father's Name <i>John J. Hurst</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Rebecca Wiley</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving information <i>S. J. Hurst</i>		How related to deceased <i>Brother</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	<i>(27)</i>	How long <i>6 months</i>
Immediate <i>Exhaustion</i>		How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>John W. Hildway</i>
		Address <i>Preston, Md.</i>
Accident or Suicide?		





Marrin W. Dennis

## CERTIFICATE OF DEATH

Died at		Town Greensboro		County Curvemi		MARYLAND	
Date of death		1907	Month June	Day 12	Age 37	Months 8	Days 22
Sex Male		Color or Race White		Birth-place Del			
Occupation Child				Where Residing, if not at place of death Wilmington Del			
Married, Single or Widowed Single		Name of Wife or Husband —		Father's Birthplace Del			
Father's Name Jno Dennis		Mother's Maiden Name Mattie Bennett		Mother's Birthplace Md.			
Name of person giving information Mother				How related to deceased —			

## CAUSES OF DEATH

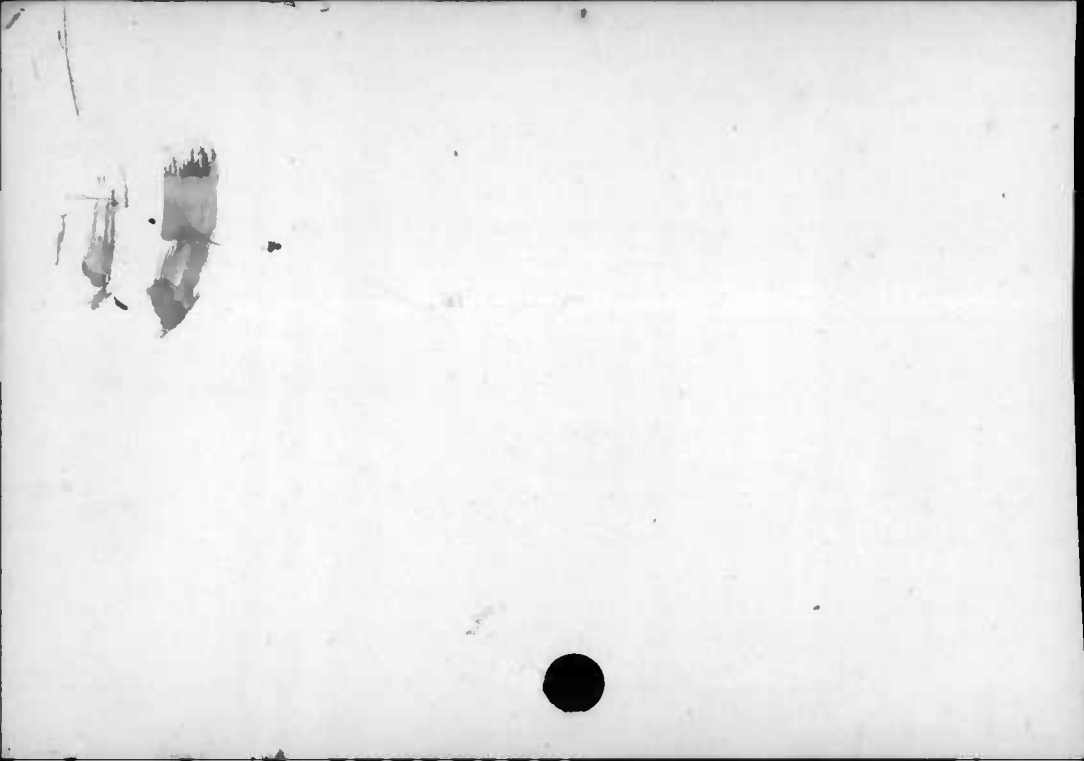
Primary	Accidental Burn	How long	14 hours
Immediate	Shock	How long	—

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

William E Lord

## CERTIFICATE OF DEATH

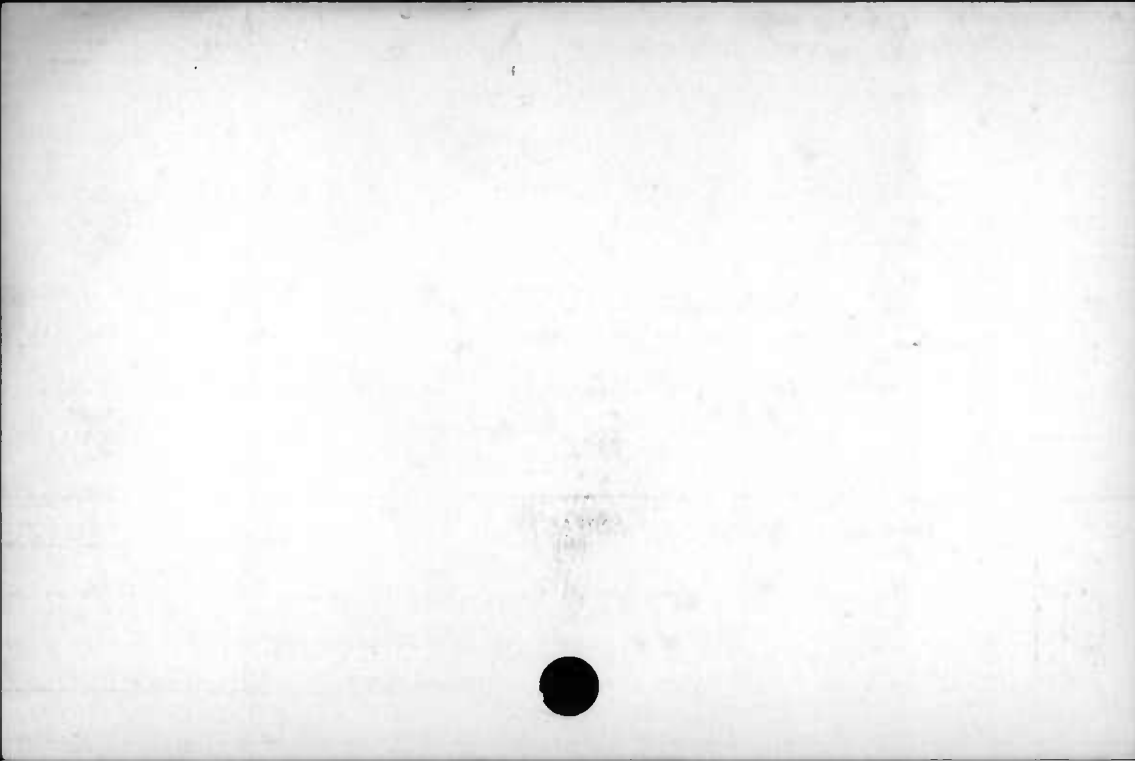
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Denton		County Caroline		MARYLAND	
Date of death	1907	Month June	Day 27	Age 71	Years	Months	Days
Sex	Male		Color or Race	White		Birth- place	Delaware
Occupation	Retired Farmer			Where Residing if not at place of death		Denton Md	
Married, Single or Widowed	Married		Name of Wife or Husband		Lennis Monther		
Father's Name	Thomas Lord				Father's Birthplace	Delaware	
Mother's Maiden Name	Callisue				Mother's Birthplace	"	
Name of person giving information	James A. Fisher				How related to deceased	A friend	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Congestion of the Brain		(64)	How long	5 minutes
Immediate	The same			How long	sudden
Are the name, age, sex, color, date and place correctly given above?			Yes	Signature of Physician	
				Dr. George M. D	
				Address Denton Caroline County Maryland	
Accident or Suicide?			-		



Name  
in  
Full

Lizzie E. Nicola -

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Near Hillsboro		Caroline				
Date of death	1907	Month	6	Day	1	Age about 70
Sex	Female	Color or Race	Black	Birthplace	Caroline Co.	Ind.
Occupation	Laborer		Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband			
James Nicola		Ind.				
Father's Name	Robt. Casson		Father's Birthplace		Caroline Co. Ind.	
Mother's Maiden Name	Ellen Ross		Mother's Birthplace		Caroline Co. Ind.	
Name of person giving information	Addison Casson		How related to deceased		Son	

## CAUSES OF DEATH

Primary	Right Hemiplegia (64)	How long	entirely recovered from it 3 yrs & 4 mos
Immediate	" "	How long	8 days -
Are the name, age, sex, color, date and place correctly given above?		yes.	
Signature of Physician		Robley Hackett M.D.	
Address		Queen Anne, Ind.	
Accident or Suicide?			

PHYSICIAN  
OR CORONER

B  
June 3  
Hillabow

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Griffins P.O.</i>		County <i>Caroline</i>		MARYLAND			
Date of death	190 <i>7</i>	Month <i>June</i>	Day <i>1</i>	Age <i>63</i>	Years <i>63</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Ind.</i>				
Occupation <i>House work</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>John Perkins</i>					
Father's Name <i>Perry Perkins</i>		Father's Birthplace <i>—</i>					
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>—</i>					
Name of person giving information <i>Henry Perkins</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary	<i>Acute Indigestion</i>	How long	<i>Two hours</i>
Immediate	<i>Heart-failure</i>	How long	<i>Half-hour</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. H. Richard</i>	
<i>Yes</i>		Address <i>Ridgely, Ind.</i>	
Accident or Suicide?			

Bill Chapin

10



Name  
in  
Full

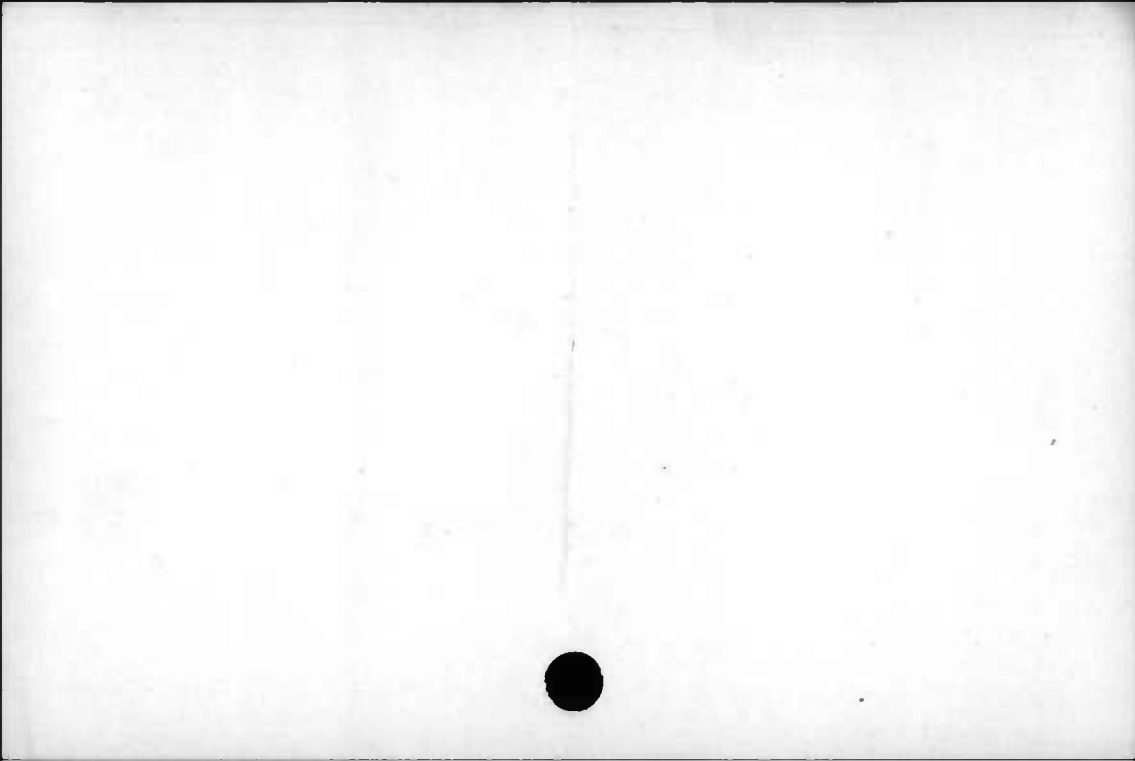
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Federalburg</i>		County <i>Caroline</i>		MARYLAND	
Date of death <i>1907 June 11</i>		Age <i>17</i>		Months	Days
Sex <i>female</i>	Color or Race <i>white</i>	Birth-place <i>Del</i>			
Occupation <i>student</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>single</i>	Name of Wife or Husband				
Father's Name <i>John Poloiright</i>	Father's Birthplace <i>Del</i>				
Mother's Maiden Name <i>Annie E. Lane</i>	Mother's Birthplace <i>Del</i>				
Name of person giving information <i>John Poloiright</i>	How related to deceased <i>father</i>				

## CAUSES OF DEATH

Primary <i>Phthisis</i>	<i>27</i>	How long <i>2 years</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. H. Jefferson</i>	
	Address <i>Federalburg md</i>	
Accident or Suicide?		



Name  
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Full

Infant Stanford

## CERTIFICATE OF DEATH

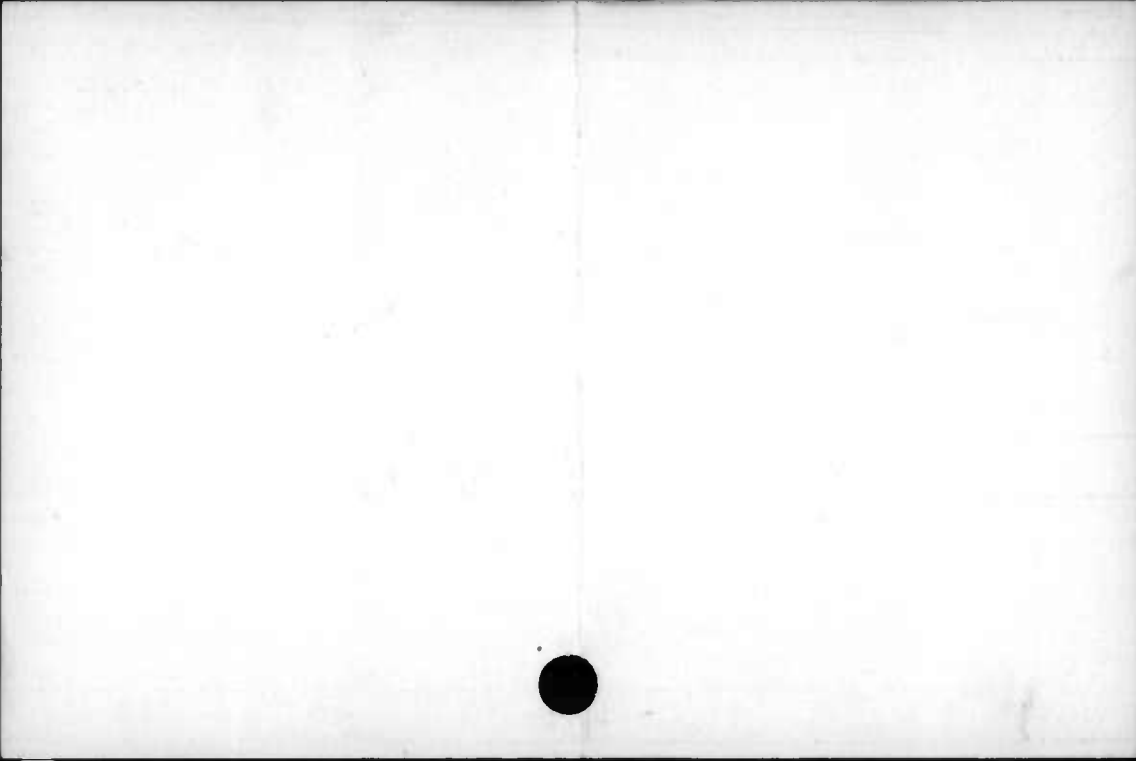
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Town</i> <i>Courling Creek</i>		County <i>Caroline</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>June</i>	Day <i>6</i>	Age <i>2</i>	Years <i>2</i>	Months <i>2</i>
Sex <i>Male</i>	Color or Race <i>dark</i>		Birth-place <i>Md</i>		
Occupation <i>none</i>			Where Residing if not at place of death <i>at home</i>		
Married, Single or Widowed <i>single</i>	Name of Wife or Husband <i>none</i>				
Father's Name <i>unknown</i>	Father's Birthplace <i>unknown</i>				
Mother's Maiden Name <i>Hattie Stanford</i>	Mother's Birthplace <i>Md</i>				
Name of person giving information <i>Alex. Stanford</i>	How related to deceased <i>son of</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Marasmus</i>	(151)	How long <i>Since birth</i>
Immediate <i>Exhaustion</i>		How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John L. Duthaway</i>	
	Address <i>Preston Md.</i>	
Accident or Suicide?		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Federalburg</i> <sup>Town</sup>		County <i>Caroline</i>		MARYLAND	
Date of death <i>1907 June 6</i>		Age <i>12</i> <sup>Years</sup>		Months	Days
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>MD</i>	
Occupation <i>student</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>single</i>		Name of Wife or Husband			
Father's Name <i>Geo K Swiss</i>		<input checked="" type="checkbox"/> Father's Birthplace <i>MD</i>			
Mother's Maiden Name <i>Sarah L Grey</i>		Mother's Birthplace <i>MD</i>			
Name of person giving information <i>Geo K Swiss</i>		How related to deceased <i>father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Peritonitis - Typhoid</i>	How long	<i>3 weeks</i>
Immediate	<i>Peritonitis</i>	How long	

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

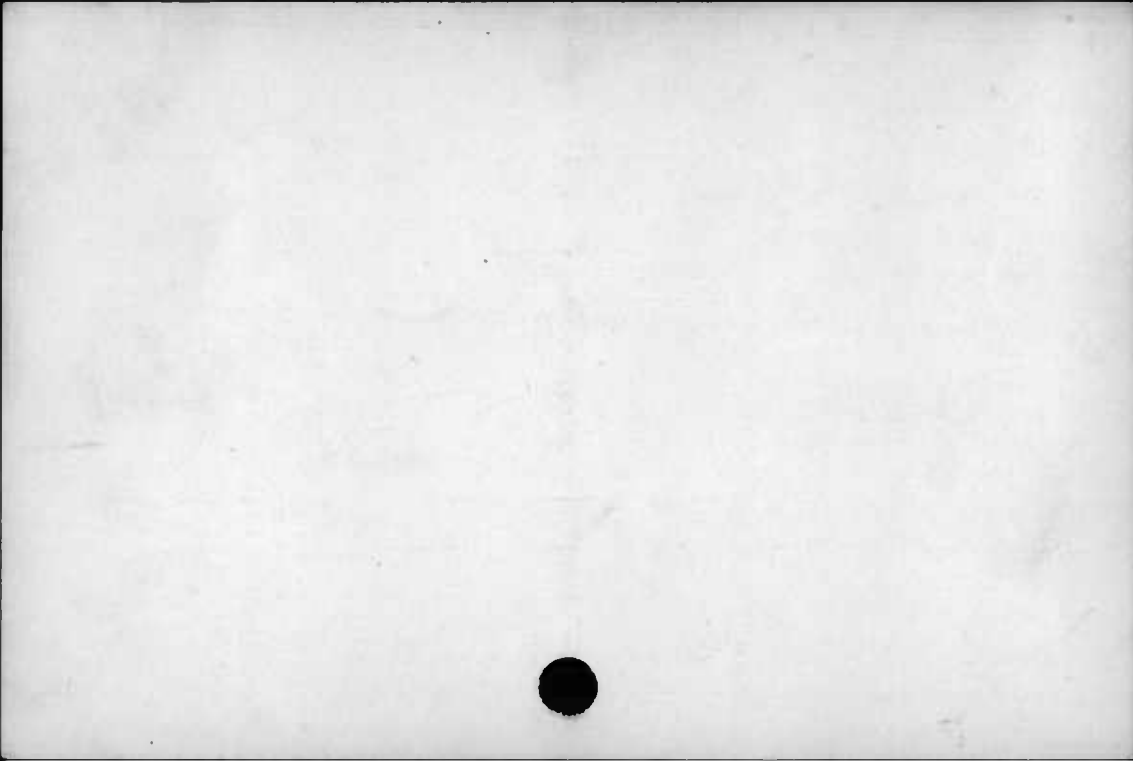
Address

*R Kemp Jefferson*  
*Federalburg*  
*md*

Accident or Suicide?









Name  
in  
Full

Henry Z. Zorich

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Greenstown</u> Town			<u>Carmine</u> County			MARYLAND		
Date of death	1907	Month	June	Day	2	Age	45	Years
Sex	Male	Color or Race	White	Birth-place	Penn.	Months		Days
Occupation	Farmer			Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband <u>Octavia Zorich</u>						
Father's Name	<u>Daniel Zorich</u>					Father's Birthplace	Penn.	
Mother's Maiden Name	<u>Annie Muller</u>					Mother's Birthplace	Penn.	
Name of person giving information	<u>Messie Lippe</u>					How related to deceased	Sister	

## CAUSES OF DEATH

112

PHYSICIAN  
OR CORONER

Primary	<u>Chlorosis of Liver</u>	How long	<u>One week</u>
Immediate	<u>Brain</u>	How long	<u>One week</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		<u>J. P. Malone</u>	
		Address	
		<u>Greenstown</u>	
		<u>M.D.</u>	
Accident or Suicide?			

